

Initial Unannounced Full/Partial Follow-up Location Change Investigation Other _____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Bloomfield preschool and Child Care Date: 3-15-23 Time: 10

Location Address: 10 Winterbury Ave, Bloomfield CT Telephone #: 860-242-0183

e-mail address: bloomfieldchildcarecenter@gmail.com License #: 12135 Expiration Date: 11-20-24

Capacity: 113 # of Children Present: 53 # of Staff Present: 18

Consent to Inspect Family Child Care Home	<i>I agree to allow the Office of Early Childhood to have access to and inspect this facility and all child care records as required by Family Child Care Home Regulations. Provider/Applicant/Substitute's Signature</i>
--	---

Purpose of visit: follow up to 3-2-23 visit

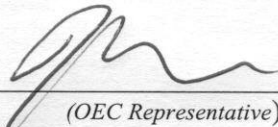
Observations/Corrections needed:

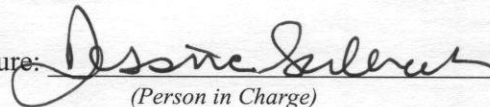
NS 19a.79-49 (e)(7)(D) - supervision - observed proper supervision and ratios in all classrooms. Discussed CAP with director.

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: _____

Signature:  Kevin Eddy
(OEC Representative)

Signature: 
(Person in Charge)
Jessica Salvador